

M e m o r a n d u m

Date: March 24, 2010

To: Golden Gate Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Golden Gate Communications Center

File No.: 318.14058

Subject: HPM 22.1, CHAPTER 7, COMMAND ILLNESS AND INJURY CASE
MANAGEMENT

The Golden Gate Communications Center recently completed a Chapter 7, Command Illness and Injury Case Management Inspection as required by the Office of Inspections. The discrepancies noted were immediately rectified to ensure the command was in compliance with policy.

The most noted discrepancy was the lack of timely report completion and timely notification of the injury/illness report to State Compensation Insurance Fund (SCIF) and Disability Retirement Unit (DRU). Reports and notifications were delayed due to document corrections or lack of signatures.

The command has utilized the assigned SCIF claim number to the CAL-OSHA 300 Log and did not obtain CAL-OSHA number. This was immediately corrected.

On March 9, 2010, representatives from SCIF and DRU met with Golden Gate Communications Center management and supervision to review the procedures for Injury and Illness Case Management. A checklist was developed to ensure adherence to designated timelines established for processing a reported injury or illness.

Any questions regarding this inspection may be directed to me at 707.551.4180.



G. P. TRACEY, Captain
Commander

Attachments

Safety, Service, and Security

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: GGCC	Division: Golden Gate	Chapter: 7
Inspected by: Ellen McGrath		Date: 03/23/2010

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: Three	<input checked="" type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection: 7			
Inspector's Comments Regarding Innovative Practices:			

The GGCC CHP121 checklist has been recommended for Statewide application by SCIF/DRU.

Command Suggestions for Statewide Improvement:
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...proved training for Supervisors and Managers regarding HPM 10.7 requirements.

Inspector's Findings:

The most noted discrepancy was the lack of timely report completion and timely notification of the injury/illness report to SCIF and DRU. Reports and notifications were delayed due to document corrections or lack of signatures.

The Command has utilized the assigned SCIF claim number to the Cal-OSHA 300 Log and did not obtain a Cal-OSHA number. This was immediately corrected.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Required Action Re-inspect in 60 days.
Corrective Action Plan/Timeline

The Command will conduct a follow-up inspection in 60 days to determine if the discrepancies noted have been corrected.

The Command will invite SCIF/DRU to a July 2010 Staff Seminar for follow-up discussion/training regarding HPM 10.7.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 3-29-10
	INSPECTOR'S SIGNATURE 	DATE 3/29/10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4/12/2010

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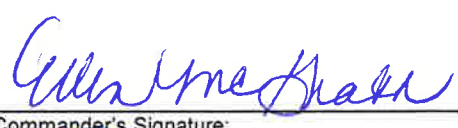
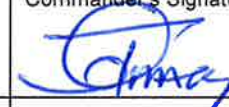
COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: GGCC	Division: Golden Gate	Number: 318
Evaluated by: Ellen McGrath		Date: 03/23/2010
Assisted by: Florence Tate		Date: 03/23/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Commander's Signature: 	Date: 3-29-10
For applicable policy, refer to: HPM 10.7			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Delayed due to report corrections or lack of signatures.
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: GGCC was utilizing the SCIF claim number. Corrected to issue a Cal-Osha number.
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 th for Areas, communication centers, inspection facilities, and Academy or February 15 th for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 st of the following year until April 30 th ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Delayed due to report corrections or lack of signatures.
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Delayed due to report corrections or lack of signatures.
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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Chapter 7

Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Delayed processing of the CHP121 affected timely update of the CHP442.
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: GGCC does not participate.
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

Instructions for Processing a CHP121

Step one: Fill out your CHP121, CHP121A, CHP121B, CHP121C Commander's Memorandum. Provide the employee with the CHP600 and CHP601. Offer a DW1/3301 to the employee.

Step Two: Has the injured worker returned his DW1/3301 to you?

If yes: Within five days, fax the CHP121, CHP121A, CHP121B, CHP121C and DW1/3301 to the CSC at 800-371-5905, fax to SCIF at 707-646- 0452 and DRU at 916-843-3164.

If no: go to step three.

Step three: Has the injured worker sought medical treatment or indicated that they WILL seek medical treatment?

If yes: Within five days, fax the CHP121, CHP121A, CHP121B, CHP121C and DW1/3301 to the CSC at 800-371-5905, fax to SCIF at 707-646- 0452 and DRU at 916-843-3164. Provide the employee a CHP443 and appropriate Duty Statement.

If no: This claim is likely record only, file it, this does not need to be forwarded to SCIF.

If your five days is about to expire and you are still waiting on signatures or review, please send the docs anyway, you can mark preliminary or rough draft on them, later when you have a final copy, mark it final draft and fax it. This way the claim is not delayed, the adjusters have time to make a liability decision timely and benefit letters go out properly.

Note: If the completed report of injury/illness has been faxed, there is no need to mail the documents.

For all CHP121's: Immediately send an email notification to Ellen and Toni.

CHP- GOLDEN GATE COMMUNICATIONS CENTER – 318
CHP 121 INJURY/ILLNESS CHECKLIST

Employee Name _____ **DOI** _____ **Case No.** _____

PSDSI _____ **Approved by: PSDSII** _____

_____ **CHP 121 – Employer's Report of Industrial Injury or Illness** shall be completed by the ON-DUTY SUPERVISOR – not the injured employee.

_____ **CHP 121A – Supervisory Review of Occupational Injury** shall be completed by the ON-DUTY SUPERVISOR.

_____ **CHP 121B – Employee Report of Injury** shall be completed by the EMPLOYEE and submitted with the completed CHP 121 package.

_____ **CHP 121C – Medical Information Release Authorization** shall be completed by the EMPLOYEE and submitted with the completed CHP 121 package.

_____ **SCIF FORM 3301– Employee's Claim for Worker's Compensation Benefits.**
Shall be immediately provided to the employee. Employee shall complete and return to supervisor only if seeking medical treatment.

_____ **CHP 443 – Approval of Limited Duty Assignment & Appropriate Duty Statement** -shall be given to employee to give to treating physician for completion.

_____ **CHP 600 – Right to Privacy Instructions Relative to Injury and Vehicle Accident Reports** shall be given to the employee.

_____ **CHP 601 – Coping with Your Injury** booklet shall be given to the employee.

_____ **Commanders Memorandum Attachment** – The original Commander's Memorandum is to be signed by the employee and given to the employee. A copy of the Commander's Memorandum is included with the completed CHP 121 package.

_____ **Kaiser Occupation Work and Minor Injury Clinic – Authorization for Medical Treatment** After treatment, the Doctors First Report of Occupational Injury commonly referred to as a "*Doctor's Note*" shall be attached to the paperwork. Employees should be seen at Kaiser Medical and/or the doctor designated on the employee's CHP 242 for the first 30 days at the onset of the injury/illness.

_____ **Commander's Approval**

_____ **GGD, FSU/OCC Safety, Forms 121, A, B, C, updated 442, 3301**